

PEER COUNSELOR CONTACT LOG

Mother's name _____ Mother's ID Number _____

Address Zip				_ City _					
State Zip	Breastfe	d ever?		Ī	Due date	e /	/		
Baby's date of birth / /	·	Baby's i	name						
Baby's date of birth// Baby's birth wt Discha	rge wt.	J	=	Two we	ek wt.				
Buey s entil withBisena				1 110 110					
Type of contact: 1=phone 2=home visit 3=	group clas	ss 4=ma	il 5=cli	nic visit	6=hospit	al visit 7	=other		
	Pre	natal (Contact	S	_	_			
	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									
								•	
	Postr	artum	Conta	cts					
	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique									
(position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
Family Planning									
Growth Spurt									
Milk Supply Issues									
Medical situation/medication use									
Nursing schedule									
Premature infant									
Pumping/hand expression									
Referral to Lactation Consultant]				

Relactation					
Return to work or school					
Sore nipples					
Teething					
Twins					
Weaning					
WIC referral					

Date	Narrative Documentation of Contacts

BF =breastfeeding	C/S=cesarean section	SN=sore nipple
BoF =bottle feeding	FN =flat nipple	MER=milk ejection reflex
B =baby	IN=inverted nipple	NSVD=normal single vaginal delivery
M =mother	L/O=latch on	N=prenatal

Peer Counselor Name	
Date Client Exited from the Program	